



**PATENT APPLICATION**

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Attn: OIPE

Erez BRAUN et al.

Application No.: 09/830,457

Docket No.: 109362

**RECEIVED**

Filed: October 9, 2001

APR 15 2002

For: METHOD FOR GOLD DEPOSITION

TECH CENTER 1600/2900

**REQUEST FOR CORRECTION OF PALM RECORDS**

Director of the U.S. Patent and Trademark Office  
Washington, D.C. 20231

Sir:

Attached is a photocopy of the original filing receipt on which errors have been corrected in red. These errors are being brought to the attention of the Patent and Trademark Office so that it may correct its records.

Respectfully submitted,

James A. Oliff  
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Registration No. 30,411

JAO:TJP/kaw

Date: April 10, 2002

**OLIFF & BERRIDGE, PLC**  
P.O. Box 19928  
Alexandria, Virginia 22320  
Telephone: (703) 836-6400

<p><b>DEPOSIT ACCOUNT USE AUTHORIZATION</b> Please grant any extension necessary for entry; Charge any fee due to our Deposit Account No. 15-0461</p>
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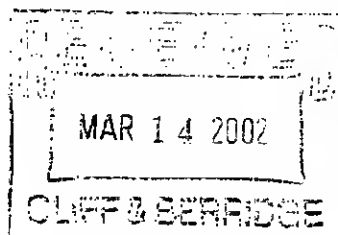
## UNITED STATES PATENT AND TRADEMARK OFFICE

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COMMISSIONER FOR PATENTS  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	INO CLAIMS
09/830,457	10/09/2001	1641	693	109362	6	42	3

Oliff & Berridge PLC  
PO Box 19928  
Alexandria, VA 22320



CONFIRMATION NO. 8069

CORRECTED FILING RECEIPT



\*OC000000007609163\*

Date Mailed: 03/08/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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Uri S Sivan, Haifa, ISRAEL;

## Domestic Priority data as claimed by applicant

THIS APPLICATION IS A 371 OF PCT/IL99/00570 10/27/1999

## Foreign Applications

ISRAEL 126776 10/27/1998

If Required, Foreign Filing License Granted 03/08/2002

Projected Publication Date: Not Applicable, filed prior to November 29, 2000

Non-Publication Request: No

Early Publication Request: No

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## Title

Method for gold deposition

Preliminary Class

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Bib Data Sheet

CONFIRMATION NO. 8069

<b>SERIAL NUMBER</b> 09/830,457	<b>FILING DATE</b> 10/09/2001 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 109362
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**APPLICANTS**
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 Yoav Eichen, Haifa, ISRAEL;  
 Uri S Sivan, Haifa, ISRAEL;
**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/IL99/00570 10/27/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

ISRAEL 126776 10/27/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/08/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**
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**TITLE**

Method for gold deposition

<b>FILING FEE RECEIVED</b> 693	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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